DRC PY4 Summary & Results

Geographic Implementation Areas

Provinces

- 2/26 (7.8%)—Tshopo and Bas-Uele

Health zones

- 8/420 (1.9%)—Aketi, Basoko, Buta Isangi, Yabaondo, Yahisuli, Yakusu, Yaleko

Facilities

- 119/7,144 (1.7%) total community care sites
- 106/8,266 (1.3%) total health centers

Population

Country

- 83,301,151

MCSP-supported areas

- 1,214,343

Technical Areas

Program Dates

January 1, 2015–June 30, 2019

Cumulative Spending through End of PY4

[redacted]

Demographic and Health Indicators

MMR (per 100,000 live births)	846
NMR (per 1,000 live births)	28
Children < 12 months receiving all 3 polio doses	62.9%
CPR (modern)	8%
ANC 4+	48%
Facility-based	
Stunting (height for age < 5)	43%
Treatment of diarrhea	

Source: DRC DHS 2013/2014

Strategic Objectives

- Accelerate reductions in maternal and child mortality by strengthening national and provincial MOH capacity to strategically scale up cost-effective, evidence-based interventions.
- Contribute to improved maternal and newborn survival by strengthening the capacity of Congolese health professional organizations to provide quality in-service training and PSE on key maternal and newborn health (MNH) and postpartum family planning (PPFP) interventions.
- Contribute to improved child survival and uptake of family planning (FP) methods in underserved rural communities in Tshopo and Bas-Uele provinces by providing technical support for integrated community case management (iCCM); integrated management of childhood illness (IMCI); water, sanitation, and hygiene (WASH); and community- and facility-based FP interventions.

Key Accomplishment Highlights

- Supported the development of the National Community Health Plan, Every Newborn Action Plan, and a dedicated iCCM/IMNCI data dashboard to aid in visualization of data and decision making at health centers.
- Launched the model training center of Kitambo for integrated newborn, maternal, and PPFP care which will assist the MOH in establishing similar centers.
- Treated 226,334 cases of children with diarrhea, malaria, or pneumonia.
- Increased FP and PPFP uptake, with 9,587 new users initiating FP services.
- Piloted approaches to strengthen preventive and curative nutrition services in iCCM at 25 sites and established infant and young child feeding (IYCF) support groups.
- Scaled up the Clean Clinic Approach (CCA) from 10 sites to 35 and improved facility WASH conditions.

Figure 1. New family planning acceptors

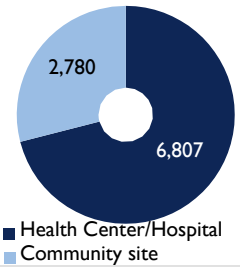
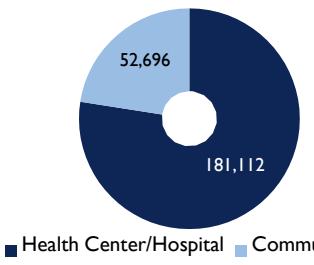


Figure 2. Treated cases of child diarrhea, pneumonia, and malaria



Democratic Republic of the Congo

PY4 was the third full year of MCSP implementation in Democratic Republic of the Congo (DRC). Work continued in close partnership with the MOH, USAID, and other stakeholders to improve planning, coordination, monitoring, evaluation, documentation, and scale-up of services at national and provincial levels. In its role as secretariat for the National Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Task Force and technical advisor to the MOH's Division for Family Heath and Special Groups, MCSP supported the development of a number of new national health policies, strategies, and guidelines; launched a model training center for integrated newborn, maternal, and PPFP care in Kinshasa; and developed a sustainability plan with the training center to enable it to operate entirely independently of donor funding. In Tshopo and Bas-Uele provinces, MCSP also continued work with the provincial health departments to roll out the national child health and iCCM programs, expand access to FP, and integrate nutrition and WASH interventions at community and clinic levels.

Key Accomplishments

National Community Health Plan

In PY4, MCSP played a major role in the MOH's development of DRC's 2018–2020 National Community Health Strategic Plan, which aims to reinforce community oversight and participation in health, thereby increasing service utilization, quality, and financing. DRC's delegation to MCSP's Institutionalizing Community Health Conference in South Africa in March 2017 recognized key gaps in community health in DRC. The director of the Division for Primary Health Care, present at this conference and coordinator of the activities that led to the development of this plan, committed to developing a focused national strategy. The MOH, through this director, led all meetings and workshops. To operationalize the plan, MCSP revised CHW tools for health promotion, trained a cadre of national trainers, and revised a primary health care management toolkit and now the MOH is mobilizing resources for the implementation of this plan.

Tools and Strategies for Newborn and Child Health

Building on the momentum from the Every Newborn Action Forum in Dakar in 2017, in PY4, MCSP supported the MOH to draft and finalize DRC's Every Newborn Action Plan and develop a consolidated, evidence-based set of tools for community newborn care. These tools were developed in collaboration with the MOH and other partners, including WHO and UNICEF, and are currently being rolled out at the provincial level by MCSP, influencing other implementing partners to do the same. MCSP supported the national health information system (HIS) and national Child Health TWG to develop a new iCCM/IMNCI dashboard and website. These tools will facilitate improved monitoring of iCCM scale-up through the ability to track individual community care sites and review data on human resources and training, which were not previously available.

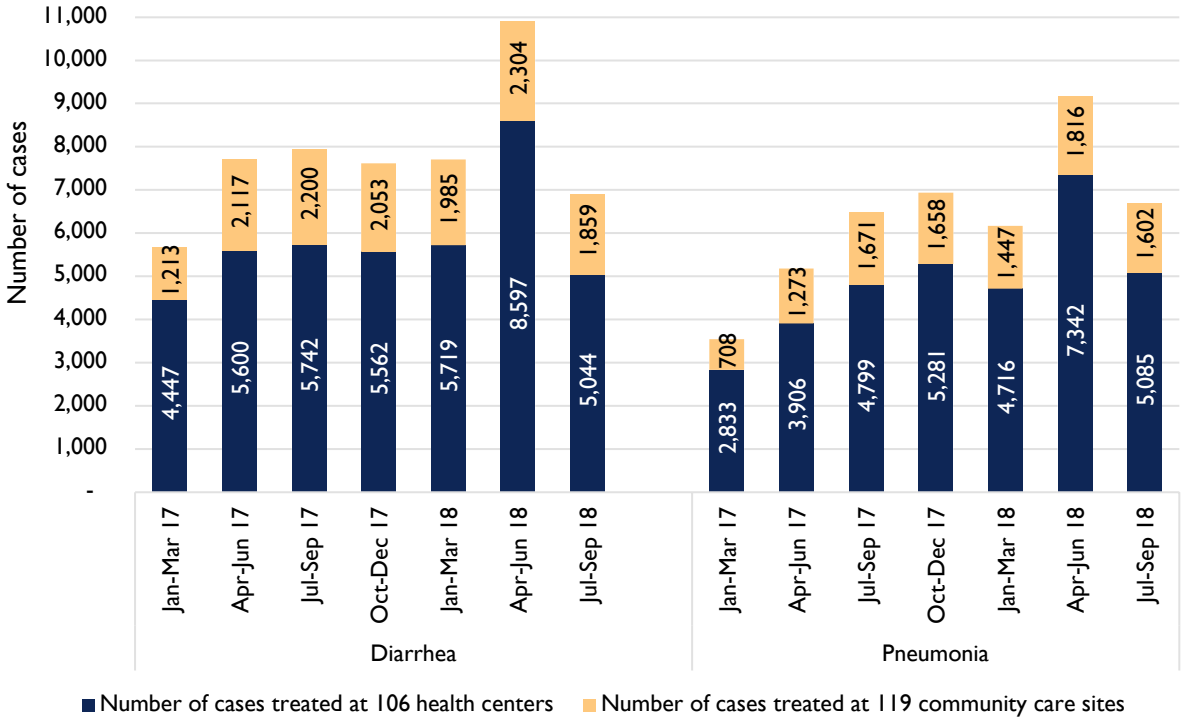
Model Training Center for Integrated Maternal, Newborn, and PPFP Care

After evaluating three potential sites in PY3 with the MOH, MCSP launched a state-of-the-art model training center on integrated maternal, newborn, and PPFP care at Kintambo Hospital in Kinshasa in PY4. This comes after an in-depth evaluation and needs assessment of Kintambo conducted with the MOH. The center serves as a site for pre-service, in-service, and continuing education. The model training center includes a KMC unit, a simulation lab where providers and trainees can practice their skills, an FP counseling room, and a training room. MCSP provided the materials and equipment for the model training center, and completed minor improvements to increase patient privacy and improve the organization of services. Using the integrated training package developed in PY3, MCSP trained a cadre of professional association trainers, national MOH trainers, and providers using competency-based approaches and peer-to-peer monitoring. The model training center is fully owned and led by the model training center committee comprising hospital management team and staff, who convene to monitor quality assurance and organize pre-service and internship training opportunities with educational institutions. MCSP worked with the committee to develop a sustainability plan and financing policy for the model training center, and to strengthen quality standards and clinical mentorship systems.

Access to and Quality of Child Health Services in Tshopo and Bas-Uele Provinces

MCSP continued to reach large numbers of sick children with IMCI and iCCM services in eight health zones of Tshopo and Bas-Uele provinces. Community care sites made impressive contributions to expanding access to treatment in these underserved, remote areas. Community care sites managed 24% of all pneumonia cases and 25% of all diarrhea cases treated in PY4.

Figure 1. Number of cases of diarrhea and pneumonia treated in MCSP-supported areas in Tshopo and Bas-Uele Provinces, January 2017–September 2018



In addition to expanding access in PY2 and PY3, MCSP supported the MOH in developing an integrated QI approach for child health. In PY4, MCSP supported the first training of 33 national trainers and then piloted the integrated QI approach in 10 MCSP-supported health centers in Tshopo, with the aim of improving the quality of IMCI services. Initial results show improvements and areas for continued strengthening in the final year of the program. Apart from MCSP, this approach is also being rolled out by the MOH through the Integrated Health Project in seven other provinces, with plans to add two more.

Nutrition Services

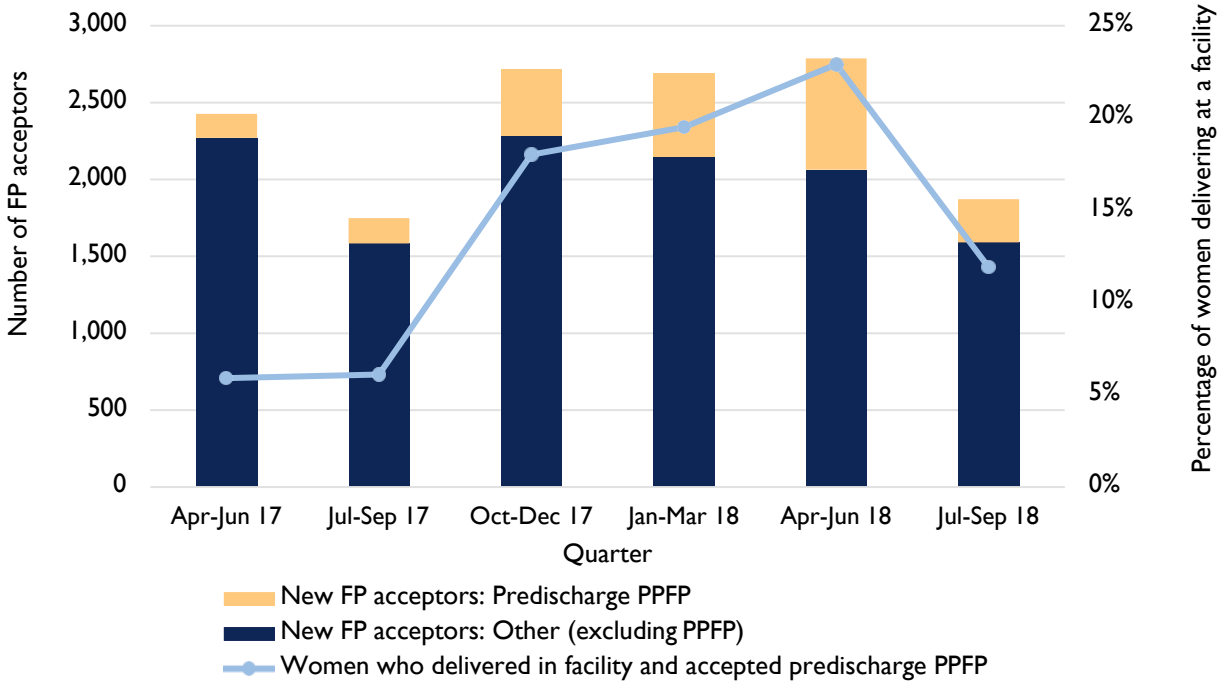
MCSP completed data analysis and write-up, and disseminated key findings to national- and provincial-level stakeholders of the formative research study, Strengthening Nutrition in the iCCM of Childhood Illness in DRC. Subsequently, the study's findings were used to inform program design and implementation in 25 community care sites and health center pairs in four health zones in Tshopo province. MCSP supported the strengthening of existing IYCF/mother support groups and the creation of new groups in communities where they did not exist. These groups are serving as a platform for providing counseling and support to improve care seeking for sick and/or malnourished children, promote exclusive breastfeeding, and teach improved complementary feeding practices. By the end of PY4, 19 of the 25 targeted IYCF groups were fully active. MCSP also supported the review and adaptation of existing IYCF counseling cards based on the findings of the study. These cards are enabling providers and CHWs to support optimal IYCF practices and to counsel on challenges that mothers and families face using culturally relevant messages and illustrations.

MCSP's study and rollout of the nutrition strengthening pilot underscored that understanding health needs from the point of view of the community is critical to designing community-level services and ensuring utilization of services when integrating nutrition and child health services.

FP Services at Community Level

In PY3, MCSP worked with the respective provincial health divisions in Tshopo and Bas-Uele to integrate FP services in 40 health centers and eight hospitals in the two provinces. In PY4, to further increase FP access and coverage, MCSP and the National Program for Reproductive Health trained 120 CHWs on FP counseling and community-based distribution of contraceptives in the eight MCSP-supported health zones. Community-based distribution accounted for a substantial proportion of new FP clients during the year. MCSP-trained providers reached 9,587 new FP users, and the rate of PPFP acceptance rose to an average of 14% in PY4, compared with 5.9% the previous year.

Figure 2. New family planning (FP) acceptors over time in MCSP-supported areas of Tshopo and Bas-Uele provinces



Water, Sanitation, and Hygiene Clean Clinic Approach

In PY3, an MCSP CCA pilot in 10 sites improved WASH conditions, IPC, and quality of care. Based on the pilot's results, the provincial MOH advocated for CCA scale-up to additional sites in PY4. MCSP and the provincial MOH assessed potential health centers and selected 25 new sites where MCSP was already implementing child health and FP services. MCSP carried out cascade training at the 25 new sites, and each site developed a WASH action plan to make low-cost, incremental WASH improvements. Between July 2017 and September 2018, the 10 initial pilot sites improved their "Clean Clinic" scores from an average of 46% to 83% (see Figure 8.1 in the WASH section of the annual report). From January to September 2018, the 25 new sites also improved their average score by 32 percentage points. These improvements were driven by the facilities' WASH committees, which included providers and community members, and promoted the ownership and sustainability of the facilities' WASH interventions.

MCSP put in place a comprehensive documentation package for CCA field activities that generate strong evidence of CCA's effectiveness and add to the argument for its scale up throughout the DRC. These include short and long video production, written success stories, and the case study presented at the International

Conference on Water and Health October 29-November 2, 2018 at the University of North Carolina. In PY5, MCSP will financially support the field visit of the National Hygiene Director and her team to visit the health care facilities that have drastically improved their WASH indicators.

Polio Outbreak Response

In PY4, MCSP supported the response to the vaccine-derived polio outbreak in DRC by providing technical experts to support polio response campaigns in affected areas. The polio campaign took place in two phases from August to October 2018. MCSP deployed seven consultants across 16 health zones in seven provinces to support the campaign. MCSP's consultants worked closely with the MOH and partners to coordinate and plan the response, train supervisors, support stock management, enhance communication with local authorities and community members, and contribute to monitoring and evaluation (M&E). The consultants positively influenced the preparation and implementation of the campaigns and postcampaign activities, which resulted in improved decision-making processes. MCSP is currently documenting lessons learned from this technical assistance, which will be shared with the EPI management team as well as USAID and other partners to inform future campaigns and RI-strengthening initiatives.

Way Forward

To ensure the continued effectiveness and sustainability of MCSP's initiatives in DRC, MCSP is closely coordinating with the MOH and other partners. By building on a platform of community care sites in Bas-Uele and Tshopo provinces that only offered malaria services before MCSP's involvement, MCSP has been able to extend lifesaving child health services to some of the most rural and underserved communities in the country. MCSP is engaging in discussions with UNICEF, Enabel, SANRU, Medecins Sans Frontieres, and the provincial health authorities to advocate for continued implementation of the full package of iCCM services, FP, WASH, and nutrition in these two provinces. SANRU, through its Global Fund project, may be able to deliver child health commodities if UNICEF agrees to procure them; UNICEF is interested in MCSP's WASH and nutrition strengthening approaches. Medecins Sans Frontieres has also demonstrated a keen desire to continue MCSP's integrated package of services at the current community care sites and scale it up to additional sites in the future. MCSP is encouraged and will continue to engage with these partners to promote the sustainability of USAID's investment.

At national level, MCSP has helped strengthen the coordination and leadership capacity of the Division for Family Heath and Special Groups and its RMNCAH Task Force, the National Program for Reproductive Health, the Child Health TWG, and other bodies through trainings, technical assistance, annual operational planning, and close collaboration with other technical partners. MCSP's investments will help ensure that these divisions continue to set the national agenda and establish priorities for DRC's RMNCAH policies and plans, including its Global Financing Facility Investment Case. Finally, the model training center that MCSP has helped to establish in Kinshasa at Kintambo Hospital has the full support and engagement of the hospital's leadership, and many potential partners and educational institutions are already reaching out and starting to use its training resources and facilities.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	**Achievement**
Number of (national) policies drafted with US Government (MCSP) support	11 (1 community strategic health plan and 10 modules of a primary health care management toolkit, target: 2, >100% achieved)
Number of people trained through US Government-supported programs	1,622 (target: 2,000, 81% achieved)

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	**Achievement**
Number of children under age 5 with fever, diarrhea, and/or fast/difficult breathing for whom advice or treatment was sought from a facility or community case management-trained CHWs in MCSP-supported areas	226,334 (target: 184,735, >100% achieved)
Number of children under 5 (0–59 months) reached with nutrition-specific interventions through US Government-supported programs	44,637 (no target defined)
Number of cases of child diarrhea treated in USAID-assisted (MCSP) programs	33,185 (target: 35,177, 94% achieved)
Number of cases of child pneumonia treated with antibiotics by trained facility or CHWs in US Government (MCSP)-supported programs	42,019 (target: 36,083, >100% achieved)
Rapid diagnostic testing rate: percentage of children ages 0–59 months in malaria-endemic areas presenting with fever who were tested with RDT or microscopy	89.6% (target: 100%, 90% achieved)
Treatment of confirmed malaria: percentage of confirmed malaria cases in children ages 0–59 months who receive first-line antimalarial treatment	92.8% (target: 100%, 93% achieved)
Number of women initiating FP services (new users) at facilities or from trained CHWs in MCSP-supported areas	9,587 (target: 8,503, >100% achieved)
Percentage of target health facilities in MCSP-supported areas with handwashing stations and appropriate handwashing supplies available to the maternity and/or surgery wards or units (both if they exist)	100% (target: 100%, 100% achieved)